

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/502056

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		4		1			55						
6	1		1				56						
7		1		1			57						
8		5		1			58						
9		5		1			59						
10		5		1			60						
11	1		1				61						
12		5		1			62						
13		5		1			63						
14		5		1			64						
15		5		1			65						
16		3		1			66						
17		2		1			67						
18		1		1			68						
19							69						
20							70						
21							71						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	15	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			18				TOTAL CLAIMS						